

Architectural Practice Board of South Australia

Form 05

Application for Renewal of Registration (Individual) for the 12 months ended 30 June 2012

Renewal fee \$490.00
Due and payable on 1 July 2011

PERSONAL DETAILS

_____ Title _____
FAMILY NAME

GIVEN NAMES

FORMER NAME (if applicable)

REGISTRATION NUMBER _____

DATE OF BIRTH _____

1. _____
Nominated postal address for correspondence

2. _____
Residential address (if different from above)

3. _____
Address of current employer or place of business

4. Business Phone _____

Home Phone _____

Mobile _____

Email _____

5. PROFESSIONAL INDEMNITY INSURANCE

Professional indemnity insurance is required for registration, either as an individual or through your employers' policy.

I have attached a copy of a current certificate of currency from my insurer.

I have attached a letter from my employer naming me as an insured employee and a copy of their certificate of currency OR have your employer complete Form 12.

- My application for an exemption from the requirement for professional indemnity insurance is attached.

6. FITNESS TO PRACTISE

Have you been convicted of an offence or the subject of disciplinary action in this state or elsewhere since the last renewal of your registration or, if you have been registered for less than one year since the date of your first registration?

Yes No

Are you currently subject to any disciplinary investigations or other action that might lead to disciplinary proceedings by any registration authority or professional body?

Yes No

Is there any other circumstance that has occurred since your last registration that might affect your capacity and/or fitness to practise as an architect?

Yes No

If you have answered 'yes' to any of the above, please submit details in an attachment with this application.

SELF-DECLARATION AND CONSENT

I consent to the Architectural Practice Board of South Australia making enquiries of, and exchanging information with the authorities of any Australian States or Territories, or other countries, regarding my practice as an architect or otherwise regarding matters relevant to this application.

All the above information is true and correct.

Full Name of Applicant

Signature of Applicant

Date

Please note:

1. Failure to lodge the renewal fee by the due date may result in the removal from the Register without further notice.
2. This form must be completed and returned to The Architectural Practice Board of South Australia, GPO Box 1270 Adelaide SA 5001 (1st Floor, Grant Thornton House, 67 Greenhill Road, Wayville SA 5034) **accompanied by the non refundable Renewal Fee of A\$490.00. (Payment by bank draft, cheque, money order or cash in \$A or by electronic funds transfer to the Architectural Practice Board of SA's bank account at BankSA; BSB 105-900; Account No 950111640)**
3. Please check you have completed all applicable items and included the fee payable. Incomplete applications will be returned to you and not considered lodged with the Board.